

**Merrimack Education Center
(7/27/18)**

**Worcester Public School District
FY 2016-2017 – Case History of FRN # 1699030901**

FRN 1699030901 Inv. Deadline: 1/28/18 Balance Owed: \$3,953.63

4/4/17	Form 474 # 2559944 submitted for NRC
4/5/17	Reviewer Bryan Schraeger requested information for # 2559944
5/25/17	Remittance received. Paid \$0, noted "Incomplete documents provided for review"
6/1/17	Form 474 # 2596025 re-submitted for NRC
6/8/17	Reviewer Lisa Butera requested information for # 2596025
7/6/17	Remittance received. Paid \$0, noted "Service Cert Received but Invalid"
7/10/17	Form 474 # 2625478 re-submitted for NRC
7/11/17	Reviewer Lisa Butera requested information for # 2625478
8/31/17	Remittance received. Paid \$0, noted "Incomplete documents provided for review"
12/15/17	Form 474 # 2742821 re-submitted for NRC
12/19/17	Reviewer Desiree Steward requested information for # 2742821
1/4/18	Remittance received. Paid \$0, noted "Incomplete documents provided for review"
1/5/18	Form 474 # 2750047 re-submitted for NRC
1/8/18	Reviewer Frank Camacho requested information for # 2750047
1/29/18	Remittance received. Paid \$0, noted "Incomplete documents provided for review"
1/30/18	Emailed Frank Camacho to ask which documents were incomplete
4/5/18	Called Client Service Bureau. The case will be routed to the Invoicing group.
4/9/18	Response from EPC: "For Invoice 2750047 the Bill provided as documentation did not provide a detailed description of the services being provided. "Non-recurring Charge" is not sufficient"
6/13/18	Form 474 # 2821457 re-submitted for NRC
6/26/18	Remittance received. Paid \$0, noted "Invoice Received Date [06/13/2018] Later Than Invoice Acceptable End Date [01/29/2018]"

From: Schraeger, Bryan <Bryan.Schraeger@sl.universalservice.org>
Sent: Wednesday, April 5, 2017 11:07 AM
To: Carla Fogg <cfogg@mec.edu>
Cc: Carla Fogg@1978-322-2338 <IMCEAFAX-Carla+20Fogg+401978-322-2338@solixinc.com>
Subject: E-RATE SLD Inv 2559944, Your Ref FY17-023 Under Review

Good morning,

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	471	FRN	SPIN	S P
2559944	FY17-023	8536898	01-Apr-17	161000448	1699030901	143004624	Mer Edu Cen
2559944	FY17-023	8537031	01-Nov-16	161000448	1699030901	143004624	Mer Edu Cen

I am reviewing your request for reimbursement of the invoice line/s noted above.

BILLS:

Either A:

If the request for reimbursement for each FRN per Invoice is comprised of 20 bills or less (sub-bills and sub accounts may contribute to this figure):

Please submit:

- I. A copy of the summary page/s for the bill/s sent to Applicant, to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).
- II. As guidance, a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- I. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- II. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- V. The bills sent to Applicant, to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
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SERVICE CERTIFICATION:

Please also provide the attached Service Certification form, completed and certified by the authorized representative of the Applicant (school/library), for the products/services provided.

- I. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
- II. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
- III. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
 - a. This date is required regardless of party providing the installation.
- IV. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
- V. Certification box: select box either on the left or right side;
 - a. Left side: for services delivered/installed as on this invoice;
 - i. Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.
 - b. Right side: for services not yet delivered:
 - i. Please provide contract to indicate provision for up-front charges.

VI. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

RESPONSE REQUIREMENT:

Service Certification documents sent to us directly by Applicants (school/library) with the SLP Invoice Number and the name/title/signature of the sender may help speed up the review process. Fax cover sheet must identify the organization.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Wednesday, 4/12/2017. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Bryan Schraeger

Case Management Associate, Invoicing Team, Schools and Libraries Program

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973.581.7673 | F: 973.599.6539

bryan.schraeger@sl.universalservice.org

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From: Butera, Lisa <Lisa.Butera@sl.universalservice.org>

Sent: Wednesday, May 31, 2017 4:03 PM

To: Carla Fogg <cfogg@mec.edu>

Cc: Nicole Elliott <nelliott@additionnetworks.net>

Subject: RE: SLD Invoice No 2587023/SP_App No FY17-032

Hi Carla

Bryan is no longer the reviewer on this invoice it has been re-assigned to me. Please submit all information to me per my email.

Thanks

Lisa

From: Butera, Lisa <Lisa.Butera@sl.universalservice.org>

Sent: Thursday, June 8, 2017 3:08 PM

To: Carla Fogg <cfogg@mec.edu>

Cc: 'Carla Fogg@1978-322-2338' <IMCEAFAX-Carla+20Fogg+401978-322-2338@solixinc.com>

Subject: SLD Invoice No 2596025/SP_App No FY17-033

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	FRN	
2596025	FY17-033	8627672	01-Jun-17		161020381	1699038091	143
2596025	FY17-033	8627678	01-May-17		161000448	1699030901	143
2596025	FY17-033	8627680	01-Jun-17		161000448	1699030901	143
2596025	FY17-033	8627684	01-Oct-16		161000448	1699030901	143

I am reviewing your request for reimbursement of the invoice line/s noted above.

BILLS:

Either A:

If the request for reimbursement for each FRN per Invoice is comprised of 20 bills or less (sub-bills and sub accounts may contribute to this figure):

Please submit:

- V. A copy of the summary page/s for the bill/s sent to the Applicant, to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).
- VI. As guidance, a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.

- VII. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- VIII. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- VI. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
 - b. Identification and removal of all ineligible products and services,
 - c. Calculation of the Undiscounted/Requested amounts.
- VII. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- VIII. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IX. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- X. The bills sent to Applicant to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,
 - f. Period of Service (for Digital Transmission and/or Internet Access),
 - g. Individual Call Detail NOT required (for phone bills).

SERVICE CERTIFICATION:

Please also provide the attached Service Certification form, completed and certified by the authorized representative of the Applicant (school/library), for the products/services provided.

- I. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
- II. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
- III. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
 - a. This date is required regardless of party providing the installation.
- IV. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.

- V. Certification box: select box either on the left or right side;
 - a. Left side: for services delivered/installed as on this invoice;
 - i. Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.
 - b. Right side: for services not yet delivered:
 - i. Please provide contract to indicate provision for up-front charges.
- VI. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

PAYMENT VERIFICATION:

Please also provide validation that the Applicant portion of the payment has been paid for the invoice lines under review.

- I. Payment by check: front and back of cancelled check required, showing bank validation of transaction being cleared.
 - a. If the check includes other payments, a distinct breakout must be received in order to validate payment for this particular invoice,
 - b. If your financial institution does not retain canceled checks as proof of payment, please provide documentation that show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.
- II. Other methods used for payment: documentation provided must clearly show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

RESPONSE REQUIREMENT:

Service Certification and payment verification documents sent to us directly by Applicants (school/library) with the SLP Invoice Number and the name/title/signature of the sender may help speed up the review process. Fax cover sheet must identify the organization.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day **Thursday June 15, 2017**. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Lisa Butera
Case Management Associate, Invoicing Team,
Schools and Libraries Program
30 Lanidex Plaza West, Room N210 | Parsippany, NJ 07054
T: 973.581.7620 | F: 973.599.6539
Lisa.Butera@sl.universalservice.org

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From: Butera, Lisa <Lisa.Butera@sl.universalservice.org>
Sent: Tuesday, July 11, 2017 3:48 PM
To: Carla Fogg <cfogg@mec.edu>
Cc: 'Carla Fogg@1978-322-2338' <IMCEAFAX-Carla+20Fogg+401978-322-2338@solixinc.com>
Subject: RE: SLD Invoice No 2625478 /SP_App No FY17-038

SLD Invoice No	SP_App Invoice No	Line ID	Customer Billed Date	Customer Ship Date	471	FRN	
2625478	FY17-038	8703138	01-Oct-16		161000097	1699000780	143
2625478	FY17-038	8703141	01-Oct-16		161000448	1699030901	143

I am reviewing your request for reimbursement of the invoice line/s noted above.

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Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- V. The bills <for SPIs: sent to Applicant > / < for BEARs: received from Service Provider>, to show:
 - a. Bill Date,
 - b. Service Provider Name,
 - c. Bill-To Entity,
 - d. Current Charges,
 - e. Description of Products / Services Delivered,

- f. Period of Service (for Digital Transmission and/or Internet Access),
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 - a. This date is required regardless of party providing the installation.
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- V. Certification box: select box either on the left or right side;
 - a. Left side: for services delivered/installed as on this invoice;
 - i. Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.
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 - i. Please provide contract to indicate provision for up-front charges.
- VI. Signed and dated: by the authorized Applicant contact.

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RESPONSE REQUIREMENT:

Service Certification and payment verification documents sent to us directly by Applicants (school/library) with the SLP Invoice Number and the name/title/signature of the sender may help speed up the review process. Fax cover sheet must identify the organization.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day **Tuesday July 18, 2017**. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Lisa Butera
Case Management Associate, Invoicing Team,

Schools and Libraries Program

30 Lanidex Plaza West, Room N210 | Parsippany, NJ 07054

T: 973.581.7620 | F: 973.599.6539

Lisa.Butera@sl.universalservice.org

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From: Steward, Desiree <Desiree.Steward@sl.universalservice.org>**Sent:** Tuesday, December 19, 2017 9:22 AM**To:** Carla Fogg <cfogg@mec.edu>**Cc:** Carla Fogg@1978-322-2338 <IMCEAFAX-Carla+20Fogg+401978-322-2338@solixinc.com>**Subject:** Erate SLD 2742821 & 2742822

SLD Invoice No	SP_Ap p Invoice No	Line ID	Customer Billed Date	471	FRN	SPI N	Service Provider Name	Applicant Name	BE N	Undisc ounte d Amt	Disco unted Amt
2742 821	FY17-053	89 77 19 4	01-Jul-16	161 032 913	169 907 023 9	143 004 624	Merrimac k Education Center	WORCESTER PUBLIC SCHOOL DIST	12 03 07	11460	1031 4
2742 821	FY17-053	89 77 19 5	01-Oct-16	161 000 448	169 903 090 1	143 004 624	Merrimac k Education Center	WORCESTER PUBLIC SCHOOL DIST	12 03 07	4400	3953. 63
2742 822	FY18-010	89 77 20 2	01-Dec-17	171 017 275	179 903 332 2	143 004 624	Merrimac k Education Center	WORCESTER PUBLIC SCHOOL DIST	12 03 07	14295. 02	1286 5.52
2742 822	FY18-010	89 77 20 3	01-Dec-17	171 017 671	179 903 431 1	143 004 624	Merrimac k Education Center	WORCESTER PUBLIC SCHOOL DIST	12 03 07	10602 0.36	9541 8.32
2742 822	FY18-010	89 77 29 6	01-Jul-17	171 007 630	179 903 900 9	143 004 624	Merrimac k Education Center	SPRINGFIEL D PUBLIC SCHOOLS	12 00 89	49279. 44	4435 1.49

2742 822	FY18- 010	89 77 29 7	01-Oct- 17	171 007 630	179 903 900 9	143 004 624	Merrimac k Education Center	SPRINGFIELD PUBLIC SCHOOLS	12 00 89	51959. 04	4676 3.13
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I am reviewing your request for reimbursement of the invoice line/s noted above.

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- XI. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
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Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- XI. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
 - a. Total current charge per bill,
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 - c. Calculation of the Undiscounted/Requested amounts.
- XII. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- XIII. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- XIV. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

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- a. Bill Date,
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- c. Bill-To Entity,
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- VII. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
- VIII. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
- IX. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
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- X. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
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 - a. Left side: for services delivered/installed as on this invoice;
 - i. Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.
 - b. Right side: for services not yet delivered:
 - i. Please provide contract to indicate provision for up-front charges.
- XII. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

PAYMENT VERIFICATION: Only required for :

SLD # 2742822	FY18-010	LINE # 8977296
SLD # 2742822	FY18-010	LINE # 8977297

Please answer the following questions and provide documentation, where needed::

1. Has any FRN listed above been approved for special construction charges where a Special Construction State/Tribal Match Percentage (State/Tribal funded %) plus Special Construction

State/Tribal Match Discount Rate (E-rate funded %) equals 100% of the total pre-discount FRN charges?

Yes _____ No _____

2. If yes, please specify FRN(s) on this invoice that was funded 100% by State/Tribal and E-rate funds combined. No further documentation is required. _____
3. If no, please provide validation that the applicant portion of the payment has been paid for the invoice lines under review.
 - I. Payment by check: front and back of cancelled check required, showing bank validation of transaction being cleared.
 - a. If the check includes other payments, a distinct breakout must be received in order to validate payment for this particular invoice,
 - b. If your financial institution does not retain canceled checks as proof of payment, please provide documentation that show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.
 - II. Other methods used for payment: documentation provided must clearly show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.
 - III. If no payment was made due to a Credit Balance, please provide a reconciliation worksheet. The worksheet must include
 - a. The month, billing account #, bill date and current charges for the original bill(s) that resulted in the credit balance.
 - b. Type of credit
 - c. The credit amount per type of credit
 - d. Reconciliation of the credit(s) and current charge(s) to justify why no payment was made
 - IV. If partial payment was made due to a Credit Balance, please provide the above reconciliation worksheet (item III) and payment documentation (item I or II).

RESPONSE REQUIREMENT:

Service Certification and Payment Verification documents sent to us directly by Applicants (school/library) with the SLP Invoice Number and the name/title/signature of the sender may help speed up the review process. Fax cover sheet must identify the organization.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Tuesday, 12/26/2017. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Desiree Steward
Case Management, Invoicing Team, Schools and Libraries Program
30 Lanidex Plaza West | Parsippany, NJ 07054
T: 973.581.7645 | F: 973.599.6539
Desiree.Steward@sl.universalservice.org

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From: Carla Fogg
Sent: Tuesday, January 30, 2018 9:32 AM
To: frank.camacho@sl.universalservice.org
Cc: Nicole Elliott (nelliott@additionnetworks.net) <nelliott@additionnetworks.net>; Sharon Grover-Renda <srenda@additionnetworks.net>
Subject: FW: Merrimack Education Center - SLD Invoice No: 2750047

Mr. Camacho,

We received a remittance response back on this invoice that indicated the following:

"Incomplete documents provided for review"

Would you please let us know which documents were incomplete so that we can resubmit? Thank you.

Carla Fogg
Accounting Director
Merrimack Education Center
(978) 322-2338
cfogg@mec.edu

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